

## Chapter 23

# ROLE OF THE BRIGADE SENIOR PHYSICIAN ASSISTANT

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## Introduction

The role of the brigade senior physician assistant (BDE PA) is arguably one of the best positions a physician assistant (PA) can be selected for in the Army. Why one of the best? Because in this position, a PA is no longer involved in the daily grind of balancing patient care with unit obligations, like a junior battalion PA (BN PA), and is not encumbered with the scope of responsibilities and complex planning duties of a division PA (DIV PA). A BDE PA works directly with BN PAs and medics and, while still involved with patient care, has the opportunity to provide more direct daily mentorship and shape policy within brigade medical operations. The BDE PA position bridges the middle ground between the BN PA and the DIV PA while working directly with the brigade surgeon (BDE SURG) to ensure that health service support and force health protection are executed appropriately. This chapter will provide a brief overview of both the clinical and the administrative duties and responsibilities of the BDE PA (refer to Chapter 12, Role of the Battalion PA, and to Chapter 25, Role of the Division PA, in this handbook for more in-depth details).

The BDE PA serves as the primary advisor to the BDE SURG on all clinical operations (CLINOPS), functions as the liaison between the local medical treatment facility (MTF) and division, and provides mentorship and career advice to all PAs within the brigade. The BDE PA plays an integral role in planning brigade garrison and deployment medical operations, developing mass casualty exercises, monitoring medical readiness, enforcing and coordinating medic military occupational specialty (MOS) sustainment training and continuing education for assigned providers, and performing oversight of daily CLINOPS in keeping with MTF quality management.<sup>1</sup>

## Supervision

Supervision of the BDE PA is performed by the BDE SURG as outlined in Army regulations (ARs) 623-3, 40-3, and 40-68, and in the local MTF credential policies.<sup>1-3</sup> Traditionally, the BDE PA is rated by the BDE SURG and senior-rated by the brigade commander (BDE CDR). However, there can be a few variations, so a new BDE PA must ensure understanding of the rating scheme immediately (this is typically addressed in initial counseling by the supervisor or rater).

### The Brigade Surgeon Section

The BDE SURG is responsible for the Army health system (AHS) support for the brigade combat team (BCT). In accordance with *Army Health Systems Support to Maneuver Forces* (Army Techniques Publication 4-02.3<sup>4</sup>), the BDE SURG is considered a:

brigade-level special staff officer that coordinates AHS support activities with the brigade S-1 [personnel/administration officer] and other headquarters elements that affect AHS support in the brigade. The BDE SURG is responsible for the technical supervision of all medical activities in the command. The BDE SURG is part of the brigade commander's special staff, and as such, provides advice to the BDE CDR on all medical or medically related issues. The BDE SURG keeps the BDE CDR informed on the status of AHS support for the brigade and the health of the command.<sup>4(p16)</sup>

Per Army Techniques Publication 4-02.3,<sup>4</sup> the BDE SURG section does not include a BDE PA (although the BDE PA receives guidance from the section). The BDE SURG's staff consists of a field surgeon, a medical operations officer, and a health care noncommissioned officer who is battle staff-qualified. The section's three medical personnel are typically assigned to the headquarters company and are utilized as a sustainment warfighting component jointly with the S-4 (logistics) of an infantry BCT, armored BCT, or Stryker BCT. The sustainment element determines the type, amount, and the duration of support needed to meet command objectives. A BDE SURG section that is fully integrated in sustainment operations is responsible for planning, coordinating, and synchronizing the health service support mission for commanders and maneuver forces within the BCT's area of operations (Table 23-1).<sup>4</sup>

**Table 23-1. Sustainment (S-4) medical staff.**

Paragraph title	AOC/MOS	Grade	Title	Branch	Quantity
Sustainment– S/4 Medical	62B00	O-4	Field Surgeon	MC	1
	70H67	O-3	Medical Operations Officer	MS	1
	68W402S	E-7	Health Care NCO	NC	1

2S: battle staff operations

AOC: area of concentration

MC: Medical Corps

MOS: military occupational specialty

Reproduced from: Department of the Army. *Army Health System Support to Maneuver Forces*.

HQDA; 2014. Army Techniques Publication 4-02.3: Table 2-2.

MS: Medical Service Corps

NC: noncommissioned

NCO: noncommissioned officer

S-4: logistics staff officer

The BDE PA is typically assigned to the medical company within the brigade support battalion. According to the modified table of organization and equipment (MTOE), the BDE PA is part of an area medical treatment squad, which provides basic primary care services and advanced trauma management to a supported area of operations within the brigade footprint. The treatment squad serves as the main source of medical care for the brigade support medical company's Role 2 treatment facility. The Role 2 consists of a medical treatment squad and other key elements that provide patient holding capabilities and multiple ancillary services, such as dental, laboratory, physical therapy, and radiology (Table 23-2).<sup>4</sup>

### ***Job Duties and Responsibilities***

Although the BDE PA does not align directly within the BDE SURG section, they function as the direct supporting element to the BDE SURG on all CLINOPS and PA matters. Typically, the BDE PA has been in the operational setting for several years. Therefore, their role is vital during garrison and deployment operations. The BDE PA's daily duties depend on the unit of assignment and the expectations of the BDE SURG and command team. Time is divided among meetings, staff work, training, and clinic. The BDE PA is often the first point of contact for incoming medical officers, so they will need to be heavily engaged

**Table 23-2. The medical treatment squad (area).**

Paragraph title	AOC/MOS	Grade	Title	Branch	Quantity
Medical Treatment Squad (Area)	62B00	O-4	Field Surgeon	MC	1
	65D00	O-4	Senior Physician Assistant	SP	1
	68W30	E-6	Health Care Sergeant	NC	1
	68W20	E-5	Health Care Sergeant	NC	2
	68W10	E-4	Health Care Specialist		1
	68W10	E-3	Health Care Specialist		2

AOC: area of concentration

MC: Medical Corps

MOS: military occupational specialty

NC: noncommissioned

SP: Medical Specialist Corps

Reproduced from: Department of the Army. *Army Health System Support to Maneuver Forces*.

Washington, DC: HQDA; 2014. Army Techniques Publication 4-02.3: Table 2-14.

with sponsorship, communication, and streamlining credentialing and in-processing for these individuals.

Besides being heavily involved in day-to-day CLINOPS, the BDE PA should be significantly involved in the medical readiness training and associated professional development of all the medical personnel in the brigade. Teaching, coaching, and mentoring the approximately seven other PAs in the brigade, and support to the brigade nurse, physical therapist, dentist, and battalion surgeons are essential to the success of the brigade's overall medical mission. Fostering an environment of support and teamwork, while providing consistent communication and clear guidance on policies and systems that work, will ensure that all are moving forward together as a team. The BDE PA needs to actively encourage subordinate PAs to participate in medical and officer professional development opportunities in both the operational and clinical realms. They are also responsible for educating each BN PA to expand their technical and professional capabilities. These responsibilities include advising them through regular counseling (written and verbal) on how to write and review officer evaluation reports and officer record briefs, the importance

of maintaining a current Army photo, and creating/updating their curriculum vitae. In some cases, the BDE PA may also serve as an intermediate rater for BN PAs.

## **Requirements**

To serve in this position, a PA must:

- graduate from an accredited PA program, pass the Physician Assistant National Certifying Examination, and maintain certification with the Physician Assistant National Recertifying Exam through the National Commission on Certification of Physician Assistants<sup>1</sup>;
- hold the appropriate rank;
- have completed the Captains Career Course;
- pass the current physical fitness test and be in compliance with height/weight standards of AR 600-9, *The Army Body Composition Program*<sup>5,6</sup>;
- have current Basic Life Support certification at a minimum, and required Department of Defense Instruction (DODI) 1322.24 and service-directed medical readiness training<sup>7</sup>;
- be credentialed at the local MTF;
- be a subject matter expert on readiness<sup>7,8</sup>;
- know the entry criteria for warrior transition and soldier recovery units, and understand the Integrated Disability Evaluation System (IDES)<sup>9-14</sup>; and
- understand physical requirements of soldiers based on their MOS in accordance with DA Pamphlet 611-21, *Military Occupational Classification and Structure*.<sup>15</sup>

## **Desired Skills and Attributes**

BDE PAs should:

- have an additional skill identifier of M2 (emergency medicine) per MTOE (this is not currently enforced due to personnel shortages);
- be able to operate in clinical, deployed, and field settings;
- be able to communicate effectively with their BDE SURG, command teams at the battalion and brigade levels, fellow health care providers and specialists, noncommissioned officers, soldiers, and patients;

- have deployment experience and be capable of worldwide deployment operations;
- be able to operate independently with little supervision or guidance;
- have solid written and oral communication skills;
- have current Tactical Combat Casualty Care foundational knowledge;
- have the knowledge and ability to train and supervise 68W combat medics and combat lifesavers, as well as other allied and ancillary health specialists;
- have a basic understanding of the individual critical task lists (ICTLs) for each medical area of concentration (AOC) for officers and military occupational specialty (MOS) for enlisted personnel under their purview<sup>16</sup>; and
- obtain access and understand the use of various software applications required for patient care and soldier readiness, including the electronic health record and key modules within the Medical Operational Data System (eg, the Medical Readiness Portal, Medical Protection System [MEDPROS], MEDPROS Web Data Entry, and Medical Health Assessment).

Intermediate Level Education is recommended but not required. BDE PAs are also encouraged to obtain and maintain Advanced Life Support (ALS).<sup>1</sup> Per AR 40-68, Advanced Trauma Life Support (ATLS), Medical Management of Chemical and Biological Casualties, and Tropical/Global Medicine are additional recommended courses.<sup>1</sup> However, ATLS and the Medical Management of Chemical and Biological Casualties are required courses on the 65D (PA) ICTL, along with ALS, Pediatric Advanced Life Support, Tactical Combat Casualty Care, and Medical Effects of Ionizing Radiation.

## **“Battle Rhythm”**

Below are examples of the BDE PA’s regular operations (this list is not all inclusive).

### ***Daily***

- Sick call (refer to “Sick Call Operations” in the Chapter 12, the BN PA).
- Clinic: BDE PAs are often primarily in charge of the day-to-day CLINOPS for their unit in both the garrison and field setting; this will

encompass the majority of their time. Managing provider schedules and medic coverage, ensuring algorithm-directed troop medical care<sup>17</sup> is incorporated into sick call and for acute walk-in patients, enforcing MTF safety protocols to prevent adverse outcomes, ensuring Health Insurance Portability and Accountability Act (HIPAA) compliance, and addressing patient satisfaction issues are just a few examples of a BDE PA's CLINOPS functions, in addition to overall unit readiness. BDE PAs are considered to fill an executive leadership role, and are therefore required to perform clinical care only to maintain their skills, proficiency, and credentialing (equating to 40 patient-contact hours per year, depending on MTF and unit leadership guidance). However, clinic time is often significantly more for involved BDE PAs, especially with recurrent PA shortages within the military.<sup>1,3,4,7,9,13,14,17</sup>

- Miscellaneous administrative duties and conference calls with various staff within the brigade, clinic, division, and MTF.

### ***Weekly/Biweekly***

- Command and staff meetings are typically twice monthly at the brigade level. BDE PAs should be present at both or at least one monthly (if splitting meetings with the BDE SURG), not only for situational awareness, but also to build rapport with unit leadership and staff.
- Regular clinic duties to maintain credentials and privileges of at least 40 hours of patient care and continuity of medical skill sets annually.
- Medical operations meetings outside the brigade to synchronize the AHS with higher headquarters.
- BDE SURG synchronization meetings with the other BN PAs and surgeons.
- Review of current operations orders (OPORDs) and fragmentation orders (FRAGOs) for clinically relevant material (be prepared to provide input and write OPORDs and FRAGOs to direct subordinate units as needed).

### ***Monthly***

- Monitoring the IDES management and non-deployable profile review boards at brigade and division levels for profiles that exceed 180 and 240 days, respectively.<sup>10,11,13</sup>

- Membership boards that involve key medical, behavioral, and legal subject matter experts who offer feedback on personnel identified by the command to be at a higher risk to themselves or others.
- Participation in warrior transition unit and soldier recovery unit entry boards.
- Division surgeon synchronization meetings.
- PA meetings, professional development, and team-building events.

### ***Continuous/Ongoing***

- Coaching, mentoring, and training new providers and medics.
- Professional development of self and others.
- Oversight of the first responder program and Combat Lifesaver training in accordance with the Tactical Combat Casualty Care guidelines.<sup>7</sup>
- Managing 68W sustainment training in close coordination with the installation medical simulation training centers, tracking certification status and ICTLs, and assisting units with the health care specialist management module of the medical operational data system web-based platform.
- Reviewing and updating standard operating procedures and continuity books.
- Open and effective communication with incoming providers and MTOE-assigned personnel.<sup>18</sup>
- Close coordination with clinic leadership and the local MTF concerning garrison health care issues, including borrowed military manpower personnel, clinic schedules, training, and deployment calendars.
- Ensuring sustainment and predeployment medical training requirements are conducted in accordance with Department of Defense Instruction 1322.24, AR 350-1, and AR 40-68, in close coordination with the MTF, the installation medical simulation training center, and the Medical Center of Excellence at Joint Base San Antonio–Fort Sam Houston, Texas.<sup>1,5,7,16</sup>

## **Lessons Learned and Tips for Success**

For a BDE PA, the most important concept to understand is where they are in the hierarchy of leadership in relation to their battalion counterparts. Many PAs come into this position excited to have



finally worked their way up to being in charge of a group of fellow professionals; however, being a BDE PA simply means they are the most senior and potentially the most experienced PA in their unit. The BDE PA is technically not in the BN PA or BN SURG chain of command; therefore, the BDE PA can provide guidance, input, and feedback on battalion-level daily operations and functions of the PAs and surgeons, but the unit will dictate their battle rhythm. Taskings must go through official operational channels for approval. While the BDE PA may be disheartened to limit themselves to what may seem “just an advisory role,” they must understand that their BN PAs and surgeons still value their leadership position, mentorship, and advocacy on their part with their command teams.

The BDE PA position should be seen as an advocate for battalion providers, medics, and ancillary staff while also serving as a protective barrier against internal and external distractions that may hinder readiness and overall health service support operations. The BDE PA must take their role seriously as the most senior PA working with the health care professionals in their brigade; they are all focused on the same goals. If the BDE PA’s subordinates know they are available to them, that they provide sound leadership and mentorship, and are a true team player while remaining flexible and resilient, they will together accomplish the mission in the most cohesive manner possible.

## **Conclusion**

Filling a key leadership role that bridges the gap between the BN PA and DIV PA, the BDE PA plays a pivotal role in overall unit readiness, CLINOPS in the garrison and deployed setting, and sustained health service support and force health protection within the brigade area of operation. Daily, BDE PAs provide clear leadership, communication, and mentorship to their unit providers and staff while performing key advisory duties to the BDE SURG and BDE CDR. They also serve as liaison between the unit and the MTF, supporting readiness, health protection, and preventive care. Additionally, BDE PAs coordinate sustainment and continuing education training, clinical quality care, and professional development, ensuring their unit medical personnel are in keeping with the AMEDD motto, “to conserve the fighting strength.”

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